ST CAMILLUS HEALTH CENTER, INC. 10101 WEST WISCONSIN AVENUE

Number of Residents on 12/31/00:

WAUWATOSA 53226 Ownershi p: Non-Profit Church Related Phone: (414) 258-1814 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/00): 209 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 209 Average Daily Census: 198

193

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%						
Home Health Care	Yes	Primary Diagnosis	<u>-</u>	Age Groups	 %	Less Than 1 Year	40. 9		
Supp. Home Care-Personal Care	Yes					1 - 4 Years	43. 0		
Supp. Home Care-Household Services	Yes	Developmental Disabilities	1.6	Under 65	5. 7	More Than 4 Years	16. 1		
Day Services	No	Mental Illness (Org./Psy)	47.7	65 - 74 8.8					
Respite Care	No	Mental Illness (Other)	2. 1	75 - 84	28. 0		100. 0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46. 6	****************	******		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 5	95 & Over	10. 9	Full-Time Equivalen	t		
Congregate Meals No Cancer		Cancer	2. 6			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	4. 1		100. 0	(12/31/00)			
Other Meals	No	Cardi ovascul ar	8.8	65 & 0ver	94. 3				
Transportation	No	Cerebrovascul ar	10. 9			RNs	11.0		
Referral Service	No	Di abetes	2. 1	Sex	%	LPNs	11. 3		
Other Services	Yes	Respi ratory	3. 1			Nursing Assistants			
Provide Day Programming for		Other Medical Conditions	16. 6	Male	29. 5	Aides & Orderlies	49. 2		
Mentally Ill	No			Female	70. 5				
Provi de Day Programming for			100.0						
Developmentally Disabled	No				100. 0				

Method of Reimbursement

		Medi			Medi cai d												
	(Title 18)		((Title 19)			Other P		Pri vate Pay			Managed Care			Percent		
			Per Di	em		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	3	2. 9	\$132. 10	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	3	1. 6%
Skilled Care	11	100. 0	\$200.00	96	94. 1	\$112.55	0	0. 0	\$0.00	70	87. 5	\$189.00	0	0. 0	\$0.00	177	91. 7%
Intermediate				3	2. 9	\$93. 01	0	0.0	\$0.00	10	12. 5	\$174.00	0	0. 0	\$0.00	13	6. 7%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	11	100.0		102	100. 0		0	0. 0		80	100.0		0	0. 0		193	100.0%

ST CAMILLUS HEALTH CENTER, INC.

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	s, and Activities as of 12/3	31/00
Deaths During Reporting Period							
				9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5. 7	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent l	Resi dents
Private Home/With Home Health	0.0	Bathi ng	6. 7		63. 2	30. 1	193
Other Nursing Homes	1.8	Dressi ng	8. 8		58. 5	32. 6	193
Acute Care Hospitals	86.6	Transferri ng	23. 8		51. 8	24. 4	193
Psych. HospMR/DD Facilities	0. 5	Toilet Use	15. 5		54. 4	30. 1	193
Rehabilitation Hospitals	1.0	Eating	48. 2		35. 2	16. 6	193
Other Locations	4.4	***************	*********	*****	******	*********	******
Total Number of Admissions	389	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	4. 1	Recei vi ng	Respiratory Care	1. 6
Private Home/No Home Health	8.6	0cc/Freq. Incontinent	of Bladder	49. 7	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	10. 9	0cc/Freq. Incontinent	of Bowel	32.6	Recei vi ng	Sucti oni ng	0.0
Other Nursing Homes	1.8				Recei vi ng	Ostomy Care	1. 6
Acute Care Hospitals	39. 0	Mobility			Recei vi ng	Tube Feeding	1.0
Psych. HospMR/DD Facilities	0.5	Physically Restrained	l	1.6	Recei vi ng	Mechanically Altered Diets	27. 5
Rehabilitation Hospitals	0.0						
Other Locations	10. 1	Skin Care			Other Reside	ent Characteristics	
Deaths	29. 1	With Pressure Sores		6. 2	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	395				Recei vi ng	Psychoactive Drugs	52. 3
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		0wne	ershi p:	Bed	Si ze:	Li censure:			
	Thi s	Nonj	profit	20	00+	Ski l	lled	All	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94. 7	91.5	1.03	80. 3	1. 18	81. 9	1. 16	84. 5	1. 12
Current Residents from In-County	95. 3	87. 4	1.09	84. 7	1. 13	85. 6	1. 11	77. 5	1. 23
Admissions from In-County, Still Residing	19. 0	27. 5	0. 69	28. 9	0. 66	23. 4	0. 81	21. 5	0.88
Admissions/Average Daily Census	196. 5	115. 2	1.71	96. 3	2.04	138. 2	1.42	124. 3	1. 58
Discharges/Average Daily Census	199. 5	118. 5	1. 68	100.6	1. 98	139. 8	1.43	126. 1	1. 58
Discharges To Private Residence/Average Daily Census	38. 9	35. 5	1. 10	26. 4	1. 47	48. 1	0.81	49. 9	0. 78
Residents Receiving Skilled Care	93. 3	89. 5	1.04	88. 4	1.05	89. 7	1.04	83. 3	1. 12
Residents Aged 65 and Older	94. 3	96. 9	0.97	90. 4	1.04	92. 1	1.02	87. 7	1.08
Title 19 (Medicaid) Funded Residents	52. 8	57. 6	0. 92	73. 5	0. 72	65. 5	0.81	69. 0	0.77
Private Pay Funded Residents	41.5	35. 4	1. 17	18. 7	2. 22	24. 5	1. 69	22. 6	1.83
Developmentally Disabled Residents	1.6	0.4	4. 43	1. 2	1. 27	0. 9	1. 75	7. 6	0. 20
Mentally Ill Residents	49. 7	30. 8	1.61	33. 1	1.50	31. 5	1. 58	33. 3	1.49
General Medical Service Residents	16. 6	24. 9	0.67	20.6	0. 81	21.6	0.77	18. 4	0. 90
Impaired ADL (Mean)	53. 2	50. 5	1.05	52. 0	1.02	50. 5	1.05	49. 4	1.08
Psychological Problems	52. 3	45. 5	1. 15	49. 4	1.06	49. 2	1.06	50. 1	1.04
Nursing Care Required (Mean)	4. 7	6. 6	0.72	6.8	0. 69	7. 0	0. 67	7. 2	0.66